

THE MEDICAL AND SURGICAL REPORTER.

No. 1158.]

PHILADELPHIA, MAY 10, 1879.

[Vol. XL.—No. 19.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NEURASTHENIA.

A paper read before the Albany (N. Y.) Academy of Medicine, March 4th, 1879,

BY DR. W. O. STILLMAN.

The term neurasthenia, or nervous asthenia, comes from two Greek words, signifying a nerve and debility or loss of strength. Dunglison gives two synonyms: Neuralynamia and Debilitas Nervosa, the meaning of which are as nearly as possible identical with the chosen and more common appellation. It is a functional affection, which may or may not be accompanied with marked anatomical changes, and which is characterized by debility of the nervous system, varying in degree. A recent writer has graphically described it as the result of "over draughts upon a bank whose vaults are the ventricles of the brain, and whose currency is nerve fluid."

Nervous asthenia is a malady of recent origin, and is one of the concomitant evils of a delicately balanced and highly sensitive nervous organization. Being of but recent date, its literature is scanty and inadequate. It has been recognized by but few authorities in medicine, and has received but cursory attention at their hands. Dr. Austin Flint, Sr., in his "Practice of Medicine," devotes a page and a half to its consideration, and then acknowledging its importance, refers the reader to the department of mental hygiene. Dr. Geo. M. Beard has thrown considerable light upon this subject, and Dr. Weir Mitchell and Dr. Goodell, of Philadelphia, have paid some regard to it. Dr. J. S. Jewell, of Chicago, has also discussed it, in able review articles, and in a contribution to the American series of Clinical

Lectures. Abroad it has received even less attention than in this country, not that observers there can be charged with being less alert and acute than at home, but because there is less of it there. Hugh Campbell, of London, has treated upon it, and Erb, of Heidelberg, has embodied a limited study of the disease in Ziemssen's Cyclopædia, vol. xiii. As before observed, it is found largely in this country. The prevailing characteristics of the American people are hurry and worry. The two together have launched this dire affection among us, and its preponderance here, compared with its frequency among Europeans, has given it the distinction of being called the American Malady. It behooves American physicians, therefore, to study it attentively—to consider its protean-like phases; to examine the conditions lying back of the same, and to regard carefully its etiology, prophylaxis, and treatment.

Every wave of financial distress that sweeps the mercantile seas strews the coast with these wrecks, and dots the main with struggling unfortunates crying for relief, laboring under the double burden of mental and monetary ruin. It is times like these that bring this class of cases before the physician. Then is his opportunity for studying them in all the multifarious phases which characterize the disease. Then it is epidemic, so to speak, and the physician may better qualify himself to treat isolated and sporadic cases; to analyze different methods of treatment, and discover the different rates of progression under each. These cases are frequently met with in private practice, but seldom or never in hospitals; in private practice, and in institutions or retreats especially adapted to their necessities

they are found. And in the latter it is that they are best studied, being constantly under the eye of the attendant physician, who can watch the fitting by of each fugitive development, and enforce essential rules of hygiene and medication. And if there is any class of slow and tedious cases which need constant watching and advice, it is those who are afflicted with neurasthenia.

First, let us consider its etiology, immediate and remote. Austin Flint says that "it proceeds from undue functional activity of the nervous system, as connected with the exercise of the intellectual and emotional faculties." That is undoubtedly true in nine-tenths of the cases, and yet functional debility occurs just as surely from a lack of activity as from its antithesis. Nevertheless, it is with those of the former class with which we have principally to deal, as they are the most urgent in their needs and most pitiable in their condition. The immediate cause in the great majority of cases is worry—worry connected with business matters, or excited by domestic complications. Another large class is that suffering from sexual exhaustion, caused by excessive emissions or inordinate sexual gratification, or even lack of the same. Then comes another contingent, who actually overwork. I say actually, for the reason that simple overwork produces nervous exhaustion far less commonly than is generally supposed. Overwork is nearly always associated with worry and apprehension, that robs sleep, and the nervous system being deprived of its recuperative interval, there comes a time when the bank, to continue the figure first used, suspends payment. And yet overwork undoubtedly produces a not insignificant number of the cases of neurasthenia. Students and professional men who labor late at night, thus again curtailing the hours devoted to brain rest, are among the number who suffer in this way.* Again, nervous exhaustion is caused by emotional excesses, such as prolonged and profound grief, and undue excitement; especially in individuals in whom the emotional nature is very marked and predominant. Indeed, nearly all cases of neurasthenia occur in persons of the ultra nervous temperament, and in neuropathic families in which psychosis, hysteria, and other well known

* The great observer of human life and nature speaks thus:—

"Sweet recreation barred, what doth ensue,
But moody and dull melancholy,
(Kindness to grim and comfortless despair);
And, at her heels, a huge infectious troop
Of pale distemperatures, and foes to life?
In food, in sport, and life preserving rest,
To be disturbed, would mad or man or beast."
Comedy of Errors—Scene 1st, Act v.

neuroses are familiar guests. It is more common among men, as they are much more subject to the first named causes than the opposite sex. It seems that anything which will lower the physical tone exerts a predisposing influence to this affection, and, as before remarked, simple inaction, when associated with the neurotic type, occasionally leads to asthenia of the nervous system.*

The immediate cause of this malady is usually comparatively easy to arrive at, but the remote cause, and why it should acquire a peculiar local or American prevalence, is, perhaps, not so easy to determine. In America industry is stimulated by vast opportunities. The competition is not, perhaps, so keen as it frequently is elsewhere, but with illustrious examples of intellectual and commercial success before his eyes, the average American cannot resist thinking he may attain to the same likewise. It is constant push, and drive, and energy, until the poor machine gives out. Who is so active and indefatigable as the American merchant, the American editor, artisan, scientist or professional man? Here everything, as Charles Matthews says, has got to be done in twenty minutes. But who shall say that our boasted opportunities and broad avenues to success are not a curse instead of a blessing, if they bring this terrible visitant to our door—are not as fatal to our health and happiness as the fabled gift of Midas. American ambition has worked out a typical, ambitious, American face; it has evolved a new physiognomy. You see it everywhere; it is as familiar as Brother Jonathan, and the platform lecturers will tell you all about it. It is the sunken, restless eye; it is the elongated, sallow face; the hollow, nasal voice. Webster, Calhoun and Lincoln wore this typical mask, which bespeaks too truly the morbid condition which lurks behind. America is young yet; she is a precocious child, with too much cerebrum and too little biceps. By and by she will settle down into the assured good health of maturity, and the blissful satisfaction of elderly complacency.

I had desired to say a word about climate in this connection, but will omit it, through lack of time, and proceed to the consideration of the

Symptomatology. Neurasthenia is very properly divided into cerebrasthenia, or exhaustion of the encephalon; and myelasthenia or spinal exhaustion. These conditions are many times found with amazing distinctness of definition,

* Neurasthenia has an important relation to social grade, being seldom found in the lower stratum of society.

but usually more or less blended, and frequently complexly mixed. Their causes are usually different, and their treatment likewise differs much. They will, however, be more especially considered under the heads of diagnosis and treatment, and we will now content ourselves with a general consideration of symptoms. On examining these cases, the condition found is that of an overworked brain and nervous system, or, at least, a state of neurotic debility, and the resulting symptoms are such as would naturally arise from such a condition. Thus, prominent among the earlier indications is a marked degree of

Confusion of Thought. A business man is astonished and amazed that his head is not as clear as is its wont. He cannot think consecutively upon any subject, and is soon involved in a muddle, both profound and inextricable. There may be times when he can think clearly, but he is never sure of himself. At first the confusion may only be slight, but it soon increases, and may settle down to a chronic state of chaotic thought and indistinct ideas. The individual afflicted is perfectly conscious of his or her condition, and usually grieves and mourns over it, striving to rectify it by will power. But it is beyond the control of volition, and the unwilling brain cannot be forced to do its half performed duty. This symptom is quite universal in these cases, although instances of pure myelasthenia occur, in which intellectual ability is not perceptibly diminished in quality, although, perhaps, in quantity. Thus, I am familiar with a case which is capable of but a very limited amount of physical exertion of any kind, and yet is bright and quick in thought, and decides business matters of considerable moment with comparative ease and correctness. Others, on the contrary, with whom I have come in contact in the course of my professional life in Strong's Institute, not unfrequently, could walk many miles without discomfort, and perform acts requiring much physical exertion, and yet were totally disqualified for mercantile or professional life. Coeval with confusion of thought, and associated with it, loss of memory makes its appearance.

Defective Memory is incidental, of course, to all forms of debility connected with the nervous system, whether it be from exhaustion, from organic change, or from senility. It is not, therefore, distinctive of this affection, although from its relation to the immediate causes its association is significant, and it serves to distinguish the progress of the disease with tolerable accuracy. Loss of memory embraces names, facts,

incidents, words, and side issues in conversation. It varies from time to time, and in certain lines of thought. Closely connected with the preceding two symptoms comes

Hesitancy in Speech; resulting not so much, I should judge, from deficient control of the vocal organs, as from the confused thought and bad memory just mentioned, rendering it difficult to form a clear conception of the subject under consideration, and hard to summon up the words to express it. It is not by any means so universal as the preceding two symptoms, and yet when found is frequently well marked. I recall a case now under observation at the Institute. When the individual first came under our care the hesitancy and stammering were absolutely painful. If a little embarrassed, it was still further increased. It was entirely beyond his control, and improved as his condition improved. He is a man of fair intellectual qualifications, and still when the simplest question was under discussion this phase of his malady manifested itself most annoyingly. He assures me that when in ordinary health he is never troubled in this way.

Indecision is also a marked characteristic. I recall an instance in which nervous asthenia had been brought on by overwork and care, in the person of a brilliant Presbyterian clergyman. Ordinarily he was a man of excellent judgment and firmness of purpose, but while suffering from this malady he betrayed a child-like lack of confidence in his own reasoning powers, and would vacillate from one purpose to another. Indeed, *timidity and lack of confidence* is very commonly met with. The degree to which it extends is forcibly illustrated in the case just mentioned. He told me that one day, while still in charge of his church, one of the members of his presbytery came to him and said, "How is it, Brother M., that whereas we always used to come to you for advice and counsel, you now always come to us?" He had no answer to make.

Depression, sometimes accompanied by an unnatural irritability, is almost invariably associated with this affection. I very much doubt whether a true case of cerebraesthesia ever existed which was not more or less affected by depression. It comes on very early in the history of the disease, and may be more or less permanent during its course. At first the attacks are usually of but brief duration, and during the intervals the individual may appear quite normal. Gradually the intervals are less and the depression more constant, until an almost chronic state of morbid moroseness and *melancholy* is sometimes attained. This may eventuate in confirmed *hypochondria*, or re-

verse its mode of progression, and gradual improvement take place. Such is the usual history. The attacks of depression sometimes last many months, and again, but a few hours. All the symptoms are usually worse during its existence. In one of the cases which I have studied the attack would sometimes last five months, and recur again a few days after its disappearance. I have remarked that the other symptoms were usually worse during the state of depression. At this time a vague apprehension and morbid fear of things frequently appears. If financial matters have brought on the difficulty, the spectre will usually be one of financial ruin and shipwreck, although perhaps there may not be the slightest foundation for the apprehension. If it is domestic infelicity, it may take the form of personal persecution. In fact, the condition is but the incipient stage of similar features found so frequently in mania and melancholia. I have never known actual hallucination to exist, unless the case had transcended the limits of simple neurasthenia, and entered the boundaries of determined insanity. It is during these states of depression that confusion of thought is the most marked. It does not appear to be from lack of ideas, but simply because of deficiency in the co-ordinating power over them. Ideas are abundant; crowds of half-formed conceptions wander through the mazes of the brain, with no one to say them nay, or regulate their order and movement. They, therefore, think to no purpose; lose confidence in themselves, and are timid, and nervous, and apprehensive.

Restlessness is also a symptom usually well marked. The depression may, or may not, be of the brooding type, although self is very apt to be the subject of thought. Sometimes they wander persistently from one place to another, and can only be lulled to rest by catching the attention and holding it with some light, trifling subject, or by reading an inconsequential story. In many cases however, it has not reached this degree of development, and but little is seen of this symptom.

Insomnia, however, is an almost unailing accompaniment. It often long precedes the disease itself, and persistently clings to it during its course. It is one of the most annoying of its features, and stands in the relation of being an immediate cause, and during the course of the malady often the most serious enemy to recovery. If good sleep can be procured, it is not usually hazardous to predict a speedy and permanent convalescence.

(To be Continued.)

DIPHTHERIA AND ITS TREATMENT.

Read before the Linn Co., Oregon, Med. Association,
Nov. 14th, 1878,

BY J. LINSEY HILL, M.D.

There has probably been no other epidemic disease so general and so fatal throughout Europe and the United States for many years past as diphtheria, and like all other diseases attended with great fatality, it has furnished a theme for all kinds of speculation, both respecting causation and treatment.

We probably know as little of the cause of diphtheria as we do of many other hidden mysteries in medicine, unless we acknowledge its origin to be from numerous sources. And it would also appear that we are in equally as great confusion respecting its cure, when we glance over the many different views held by physicians. To undertake to enter into a lengthy discussion as to the cause or treatment would not be practicable at this time, but I will simply say that from what I have seen, it appears to have its origin in some peculiar poison in the atmosphere, and under certain conditions of the system to be highly contagious.

Why I take it to be atmospheric is, that, as we have all observed within the last few years, it has passed through the country in narrow lines, usually, but not always, seeking elevated sections of the country, and after sweeping everything before it within a given space of a few miles in width, passes on in its circuit to other parts, without spreading generally on all sides.

As to its being contagious or infectious, we have abundant evidence, in children living in non-infected localities taking it shortly after being taken into the presence of those suffering with the disease.

But what I mainly want to speak of to-day is treatment. I have tried the iron and quinine treatment, the chlorine mixture, the alcoholic, mercurial, iodides, etc., accompanied by many different external applications, and have finally arrived at the conclusion that the more alcohol, tinct. ferri. or muriatic acid, no difference what the combination may be containing the acid, that is introduced into the system of a diphtheritic patient, the less are the chances for recovery; and quinine I regard as of very doubtful benefit during the active stage; while iron is more injurious than otherwise—the carbonate least of any, and the tincture most injurious—during the actual progress of the disease. During the time diphtheria was raging with such fatality in the adjoining counties of Benton and Polk, I had a tolerably fair chance to test the virtue of more

plans than one of treating such cases, and since that time we find it playing around our own city, to some degree, every few weeks.

We will all acknowledge diphtheria to be a constitutional and not an entirely local disease, consequently the constitutional treatment is of first importance. After having gone through with the programme above indicated, I have adopted as the only satisfactory constitutional treatment that I have ever used, chlorate of potassa and sulphate of soda, alternated in large and frequently repeated doses. I pay but little attention to age or size of the patient, but aim to get the system saturated with these articles as soon as possible, and keep it so until the disease shows unmistakable signs of giving way. And if I were compelled to accept only one of these remedies, I should give sulphate of soda the preference, by far. I have never had material trouble in a single case, to my recollection, where I pushed the sulphate thoroughly. I have treated cases with iron, and the chlorine mixture, where I became satisfied that the treatment was inciting the disease to greater activity, and when they were discontinued and substituted by sulphate of soda and chlorate of potassa, given in water, without stimulants or tonics, the malignant and inflammatory character of the disease soon showed evidence of abatement.

I am aware that many worthy members of our profession are strong advocates of the stimulant course of treatment, and would, of course, stand in antagonism to the course that I pursue, but since I have given their plan a thorough trial, and with as great anxiety that it might prove availing as I ever did the course that I now adhere to, and found it to fall so far short of what I had expected, I think I am fully justified in severing friendship with it.

Another article that many find fault with I believe to be in many cases deserving of unbounded credit, to wit, mercury. There are some cases that would doubtless terminate as favorably without its use, just as there are cases that would terminate favorably without a dose of any kind of medicine; but there are other cases, and they numerous, in which I believe the administration of calomel to be almost indispensable. The prejudice that exists against mercury, through the ignorance of the laity, stimulated by homœopathy, eclecticism and other shallow-pated quackery, has often, too often, I am free to confess, caused me to desist from its use, where my better judgment rebuked me for it, and not until the most pressing urgency of the case demanded it would I resort to it. Such has been

my experience with it in a number of cases of diphtheria, and if I have any blame to attach to myself respecting mercury in the treatment of diphtheria, it is that I have been too sparing in its use. I do not remember ever to have given a dose of calomel in a diphtheritic case, where there were the least indications for its use, without being rewarded with beneficial response from it.

We next come to local treatment. Externally I have no faith in anything whatever that I have yet tried, except dilute tincture of iodine, sufficiently diluted that it can be frequently applied without excoriating. I think it may be absorbed in sufficient quantities to reduce the glandular enlargement. I have never derived any benefit from poulticing.

With many, the warfare against internal local applications is more vigorously prosecuted than it is against mercury. I have treated cases in this respect, pro and con, and am constrained to believe that the majority of severe cases are more speedily brought to a successful termination by local applications to the internal throat than by their neglect. Cases of a mild type need nothing of the kind, but where the diphtheritic, fungoid growth is extensive and deep, sufficiently to partially obstruct breathing, I see no good reason why we should not remove it with the same promptness that we would remove any other foreign substance from the air passages or extra granulations from an external ulcer. It is said by some that it is only worrying the child to remove the false membrane, for it will return, to be removed a second, third or fourth time. I will admit that it will continue to return until the disease is removed from the system. It is only worrying a child to give it quinia to break up the ague, with a fair prospect of its return, unless the remedy is persevered in for a time. It is, indeed, worrisome, and to say the least, very unpleasant, to take medicine to abort an attack of asthma, with almost a certainty of its return in due time; but should this deter us from giving present relief? With one accord we say no. It is evident that many children's throats have been permanently injured by the injudicious use of caustics, but that does not at all signify that the judicious use of them might not be beneficial. My plan has been to make a mild caustic solution of argenti nitras or tincture ferri chloridi, and apply it with a feather or probang sufficiently thorough and often to remove the false membrane, and then stop till it *does* re-form. I fail to see where the throat is injured by making an application to a foreign substance

in it, inasmuch as that foreign substance must become detached eventually and be thrown off, provided the patient can outlive the disease. It has also occurred to me that to continue to breathe through a rotten, putrid, poisonous mass might prolong the disease beyond its intended time.

The above is intended to apply to ordinary, malignant, uncomplicated cases of diphtheria. Such I have uniformly treated according to the plan just given, successfully in every instance. But there is a complication in some cases that I shall not attempt to suggest a treatment for, as I am compelled to acknowledge an inability to treat it satisfactorily, but will ask an expression from other members of this society, respecting it, namely, diphtheritic croup—where diphtheria is plainly visible on the tonsils, and extends into the trachea. I have treated two such cases, unassisted, and those two died. I have treated several other cases, with the assistance of counsel, and they died. I have heard of many others being treated by different physicians, during the late epidemic, and have failed to hear of a single recovery, although there might have been recoveries that I did not hear of. I treated two cases that I thought were assuming the croupous form that did recover, but neither of them became positively croupous, and whether they would have, had they not received early and persevering treatment to prevent it, I don't know.

One of the cases that proved fatal under the treatment of another physician and myself had the benefit (if I might so call it, in view of the termination) of the steam atomizer, which appeared to give more present relief than anything else used, and I think life was prolonged a few days by it; but death finally ended the scene, as I think it almost invariably does.

Tracheotomy I have never tried, and from the history of cases given where it has been tried, in this and other States, the result does not seem to be very encouraging. I treated one case that, had the instruments been at hand, I should have operated upon, but by the next day I could plainly see that an operation, even if it had been performed early in the attack, would have been useless, because the membranous deposit continued to extend until the lungs were so positively occluded that, had the trachea been entirely relieved, the result could not have been different. The membrane here presented is probably half the entire amount that was expelled from the trachea during the spasmodic efforts to cough. [Here about half an ounce of the membrane was

presented, in a vial of dilute alcohol.] This was thrown off at different times during the last two days of the little patient's sickness, and at one time the breathing became so much relieved that I had hopes of a better termination; but all hopes soon vanished when an asthmatic wheezing and heaving of the chest indicated the progress being made into the lungs. This state of things continued for about six hours, when the patient died from asphyxia.

I have never tried atropia in such cases, but from its known action on the air passages, in functional disturbances, and its tendency to dry the mucous membrane of the throat, I would have some faith in its being capable of drying the mucous membrane of the trachea to such an extent that the further tendency to develop the fungous growth might be stopped.

The inhalation of moisture, as steam, medicated and non-medicated, has been recommended, but on trial it fails to meet expectations; expectorants have been most thoroughly tested, without good results; tracheotomy cannot be relied upon, and if drying out the mucous membrane of the air passages as they become invaded will not prevent the exudation or growth, I have no knowledge of any rational treatment for it, and if any member of this Society has, he will confer a great favor by making it known.

[The members present answered, with one accord, that they had never known a genuine case of diphtheritic croup recover. I will further add that since writing this article I have had two other cases of diphtheritic croup, which resulted as before. In one of these I administered belladonna, but as the case was in a neighboring village, some distance from me, I was not enabled to press it as desired. If any reader of the REPORTER knows how to cure it, I should certainly welcome the account of his treatment in the columns of the REPORTER.]

A CASE OF TRAUMATIC (?) TETANUS.

BY C. G. SHIVERS, M.D.,
Of Haddonfield, N. J.

During the month of September, 1878, I was called to see Charles S., aged fourteen years, who was said to be "in fits." Upon examination, I found the pulse eighty; temperature normal; skin moist; bowels constipated; abdominal muscles tense and hard; tongue slightly furred; an anxious expression of countenance; mind clear, and, at varying intervals, spasms of the muscles, there then being marked opisthotonos and strabismus. During the existence of

the spasm the patient would sometimes snap at his nurse, and on one occasion bit him on the arm. The boy's parents could not remember that he had been wounded in any way; but remarked that two weeks before a strange dog had jumped upon him, without, however, drawing any blood. I inquired carefully if he was naturally nervous or easily excited; they replied that he was not. Upon offering him a drink of water I observed that the act of swallowing was not attended with spasm, and informed the family that, in my opinion, the child had idiopathic tetanus, probably caused by an accumulation of hardened feces. I prescribed for him potassii bromid., gr. xxx, every hour; and pil. cath. com., No. v, to be taken at bedtime. My first visit was made about four P.M.

The next morning, at nine o'clock, I saw him again, and found he had passed a very restless night. His bowels had been freely evacuated; his tongue, skin and pulse the same as on the day before. The spasms were more frequent, and the least noise or breath of air brought on a paroxysm. Applied cantharidal blister to spine, and continued potassii bromid., with morph sulph., gr. i, every three hours, "*pro re nata*."

At six P.M. found the patient somewhat under the influence of morphia, but still very much distressed. Substituted for morph. sulph., pulv. ipecac com., in ten-grain doses, every three hours, omitting the potass. bromid.

On the morning of the third day the boy was more comfortable, having slept two or three hours during the night. Pulse ninety, tongue furred; bowels constipated. Continued Dover powder, and renewed potass. bromid., and ordered cold to the spine.

About dusk in the evening I found the patient much worse, the spasms coming at shorter intervals. The pulse was still under a hundred, and the skin was moist. I determined now to administer chloral in good-sized doses, often repeated, supposing the case would prove to be like all cases I had ever seen before—"*touts les cas sont des morts*." I administered to him, immediately, chloral, gr. xx, and left orders to give him a dose (gr. x) of the medicine every half hour until the spasms diminished in frequency; then to give it every hour until he slept; after which to awake him every three hours for his medicine.

On the fourth morning I was surprised to find the patient very much improved. He had slept continuously for four hours, being asleep on my arrival, during which time he had been free from

spasm. He could be aroused, but was very sleepy. While counting his pulse I accidentally discovered a recent cicatrix upon one of his fingers, which, on inquiry, I ascertained to be the result of an incised wound, caused by a pen-knife some three weeks before. After this the patient continued to improve, and in a few days recovered. For four days the chloral was administered at intervals during the daytime, without producing any unpleasant effects.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. A. B. ARNOLD, M.D.

Cases of Insanity.

GENTLEMEN:—There are at present two insane patients in the hospital, who were admitted under the following circumstances: One of them, a young man, was brought here to be treated for a wound of the neck and a fractured thigh; the other, a woman, was admitted a few days ago, at a late hour in the evening. A police officer in the immediate neighborhood observed her behaving in a strange manner, and as she could not give an intelligent account of herself, she was sent to this hospital. These cases afford me an opportunity to make you acquainted with some of the features of mental disease, for although insane persons are generally assigned to the charge of specialists, or find their way into an insane asylum, still the services of the general practitioner are frequently called upon in recent cases. He must also be prepared to give his opinion in questions of mental competency, and decide upon granting certificates for admission into lunatic hospitals.

Subacute Melancholia, with Suicidal Propensity.

The history of the first patient whom you saw in the surgical ward was gathered from his wife, who has faithfully nursed him since he was admitted. C. T., 31 years of age, had typhoid fever in his early youth. His father was a confirmed inebriate, and had been the cause of much misery in the household. On his death his widow was left in very reduced circumstances, and with a family of young children to support, in which she was assisted by her eldest son, our patient. His failing health induced his mother to send him from home. He found employment in a mercantile house, in Buffalo, where he was much liked for his steady habits and devotion to business. At the age of 25 he married. Some time in October, 1876, his wife noticed an alteration in him. In place of being of a cheerful and lively disposition, he became downhearted, morose, and silent in company; he slept little, frequently refused to eat, said he felt miserable, and sometimes wept like a child, without assigning any satisfactory reason. This depressed condition gradually deepened, so that his employers found complaints against him, on account of his neglect to attend to his duties. It was finally

ascertained that our patient was subject to various delusions. He says that he feels a ball rolling up and down in his spine; his marrow is rotten; something dreadful is about to happen to him; he does not feel like other people; has lost all confidence in himself, and finds it impossible to do anything right and proper; he hears voices that tell him he is lost. One day he was missed from home and from his place of business, and about two weeks later his wife received a despatch from Chicago to come on and take care of her husband, who had been attacked with a serious illness. His wife brought him home to his mother's house, in this city, where he made several attempts to commit suicide. The last attempt was the most desperate. While sitting at the dinner table he suddenly snatched up a carving knife, and inflicted an extensive, but not a dangerous, wound across his neck. He succeeded in escaping from the hands of the persons who tried to secure him from doing further mischief to himself, and then, springing through the doorway, he leaped over the balustrade and fell to the floor below, a distance of nearly thirty feet. He was there found in an unconscious condition, and on examination, it was discovered that he had broken his leg.

The patient is evidently anæmic, there is a dejected expression of the face, the skin is cool, and the pulse has little force. His delusions partake now of a religious character. God and the angels tell him that he is unfit to live; he is the incarnate devil, but he cannot understand why he should be chosen for such an unhappy fate; he knows that he caused the great fire of Chicago, and the late civil war, etc.

This is a typical case of that form of insanity which is commonly designated melancholia. The distinctive symptoms of this mental disease in our patient are well marked. It commenced with a depressed state of the mind, that is manifested by undefined feelings of uneasiness, dread and wretchedness. There is reason to believe that the whole mental sphere of the melancholic is overshadowed by the dark gloom of his morbid sensations. His wailings and complaints solely refer to his own person, and thus reveal an exaggerated state of self-feeling. Even the most ordinary events of daily life affect him with displeasure; while the most exciting occurrences that do not directly concern him cannot swerve him from his indifference. Gradually these vague, distressing feelings take a more definite shape. The dark forebodings settle into some fancied realization; or the mental disturbances suggest a horrible meaning; or a popular belief is fixed upon in explanation of the cause of suffering. Whatever these false notions may be, they develop into delusions which henceforth control the language and acts of the melancholic. The principal delusion in our patient was probably influenced by the sense of hearing—he heard “voices.” Alienists tell us that this kind of hallucination is prone to develop suicidal, and less frequently, homicidal propensities.

Although it is a precarious undertaking to analyze the psychical processes that take place in the brain of an insane person, with the object of determining the motives of his con-

duct, it may, nevertheless, be hazarded in the instance of our patient, to intimate the probable mental operations which resulted in his mad acts. His flight from Buffalo may have been an effort to escape from his mental torture by a change of residence, and his attempts at suicide originated either in a desire to put an end to his miserable existence, or were in obedience to the command of the “voices.” But it is of far more practical importance to remember that melancholic patients are exceedingly disposed to suicide, and that this tendency is developed at a very early stage of their malady, when the symptoms of mental disorder are but little pronounced.

The prognosis of melancholy may be said to be very favorable. Experience has, however, established the fact that a great number of cases of insanity commence with melancholia and terminate in mania. Sometimes these forms of mental disease occur in alternate succession, and constitute the *folie circulaire* of French authors. Unfavorable cases of primary melancholia usually end in hopeless dementia. Improbable as it may appear, it has, nevertheless, been observed that a hereditary tendency to mental disorders does not lessen the chances of recovery, though relapses are common.

In the management of a case of melancholia, it is absolutely necessary to take measures against the possible suicidal inclination. If the means of the patient are not sufficient to defray the expense for the care and watching he needs, nothing else is left but to send him to an asylum. You must not yield to the arguments of his family or friends, that he is only “low spirited” or “out of sorts.” The community is frequently shocked by accounts of suicide which might have been prevented by timely precaution.

No general rules can be laid down for the treatment of melancholia. The chief indications refer to the state of the digestive organs, the functions of sleep and the mental symptoms. Our patient required mild laxatives to correct his foul tongue, offensive breath and constipation. Drastic purgatives must be avoided, for this class of patients usually present the signs of general debility. Considerable difficulty was experienced in feeding this man, as he frequently refused to take his meals, which consisted of easily digested articles of diet. Moderate doses of chloride always produced undisturbed sleep, but had no influence in quieting his incessant allusions to his fancied troubles during his working hours. Tepid sponging seemed to allay this “mental pain.”

Acute Mania—Hereditary Predisposition.

Those of you who have watched the insane girl in the woman's ward must have observed a marked contrast between the character of her mental disorder and that of the melancholic patient I have just described. Her father informs us that this is her third attack within the space of two years. She is twenty-four years of age, menstruates regularly, and with the exception of these repeated attacks of insanity, she had always enjoyed excellent health. An older brother is now confined in an insane asylum, and an uncle, on her father's side, committed suicide. The first outbreak in her case came on rather

abruptly, and was of an extremely violent character while it lasted. The second was more prolonged, though not so severe. Six weeks ago her family noticed some signs of a recurrence of an attack. She became indifferent to her household duties, frequently remained in bed beyond the usual time, spoke little, appeared to be absorbed in thought, and when reproached on account of her singular behavior she answered with a sigh and tears. After having continued in this state for several weeks she began to become boisterous, unruly, abusive, and incoherent in her language. A separate room in the hospital had to be assigned her, as she conducted herself in an outrageous manner, was extremely noisy and mischievous, though she sometimes conversed quite rationally and seemed to know what she was doing. Occasionally she would shout and sing, or get into a furious passion, that rendered her almost unmanageable. No particular hallucination or delusion could be detected in her case. Her general health has not suffered; her appetite is tolerably good, but she sleeps little.

Let me draw your attention to the striking difference between the psychical condition characteristic of melancholia and that of acute mania. In the former there is a primary morbid state of the feelings which secondarily reacts on the intelligence; in the latter, the intelligence is primarily affected, and vitiates more or less all the other mental activities. The symptoms of acute mania obviously indicate a condition of excitement, but you must not hastily infer from this the existence of a cerebritis. There is a variety of acute mania, generally occurring in young persons, and marked by a short duration, in which the mental excitement is far more intense than in our patient. Systematic writers speak of it as an "acute delirious mania." It is not unfrequently diagnosed by the inexperienced as brain fever.

The prognosis of acute mania is not bad, but the opinion must be modified by a number of considerations. For instance, young persons are more apt to recover than elderly people; the presence of complications, delusions, or hallucinations, and especially a prolonged duration of the malady, lessen the chances of a cure. The hereditary predisposition in our patient is unmistakable—her family, on the father's side, being saturated with insanity—nevertheless, she promptly recovered from former attacks. In a certain proportion of cases of acute mania a cessation of the more acute symptoms takes place, and the residue of disordered intelligence takes on the character of fixed ideas, resembling that form of mental aberration which is simply termed mania. The latter constitutes a group of mental disease which alienists, whether correctly or not, have divided and subdivided into numerous species, sometimes on clinical and sometimes on supposed etiological differences. Great difficulty is experienced in managing persons affected with acute mania outside of an insane asylum. Among the most reputed medicines to procure sleep and allay the mental excitement of maniacs, chloral and the bromides take the foremost rank. The hypodermic injection of morphia is now much practiced in the

treatment of these cases, on account of the easy mode in which the drug can be introduced in patients who usually resist the administration of internal medicines. Digitalis is an old remedy, and is often serviceable. Our patient has derived considerable benefit from its use, in doses of 20 drops, three times a day.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting of the College, on March 5th, Dr. Addinell Hewson described a case of

Immense Abdominal Tumor,

the progress of its destruction, as shown by its history, post-mortem and microscopic examinations.

Miss H. S., a tall blonde, with blue eyes and brown hair, was induced by one of her friends in Philadelphia, who had been cured of an abdominal tumor of some size, under my care, to seek my services, in October last.

I saw her for the first time on Sunday morning, October 20, at a relation's house in this city. She was propped up in bed, suffering with much dyspnoea and exhaustion, and with her tumor so large and projecting on her thighs that she could not see her knees. The integument covering this growth in its lower portion (from the umbilicus down) was in a state of marked hypertrophy (like that of elephantiasis), and in singular contrast with the blue attenuated skin above the umbilicus; this hypertrophied skin was weeping freely a watery fluid, so constantly that it had been impossible to keep her dry, or to prevent excessive excoriation and itching; the distention of this portion of the skin had been such as to cause a hernial protrusion in each iliac region, and the whole projecting forward made it impossible for me to reach the vulva by the full length of my forearm. Her vulva was excessively oedematous.

The patient had no difficulty with either her bowels or bladder, save frequent micturition from the latter. The day that she came to Philadelphia she was weighed at the depot; this showed that she had gained in weight during the past six years fifty-eight pounds, in spite of the decrease in size of her limbs and chest, for she weighed just before the tumor began to grow 107 pounds, and now 165 pounds. Before starting on her journey she measured herself around, at the navel, and found her circumference there to be 54 inches. I made no attempt at a critical measurement or examination on my first visit (October 20th), but simply made a complete covering of the tumor with a paste of clay and water, one and a half pounds of the former to three-quarters of a pound of the latter, retaining it in the usual way with a thin layer of cotton batting. With this she expressed considerable satisfaction; she slept better that night than she had for a long time, and I found her the next morning, still propped up in bed, but very comfortable. When I removed the dressing, on account of its having

been much broken, as is usual at first in these cases, she complained of the want of the support it had afforded, and especially of a dragging sensation in front, from the ribs on the right side. Percussion yielded positive dullness up to that point, with very marked resonance above, on the left side, under the excessively expanded thorax; tracing this resonance on the left side, I could follow it down on that side of the tumor into the iliac fossa. I was also able in the same manner to detect the beginning of the colon, on the right side, but it was evidently much pushed up. The walls of the belly on either side fell over so much as to make it difficult to determine the points of the anterior superior spinous processes.

This examination evidently fatigued the patient, and I desisted from pushing it further. Its effect suggested to me to inquire of her mother as to her ever having suffered with symptoms of a hysterical character; to which, as I expected from her courageous conduct, I got a negative answer. This was satisfactory as to the location of the tumor. They further stated that she was wearing constantly a large sponge in the vagina, to prevent protrusion there. An examination of her urine, which had been saved by my direction, showed it to be free from albumen, but heavily loaded with phosphates.

I then renewed the dressing, using the same quantity of clay and water, the same covering of cotton wadding, and as a supporting bandage a four-inch roller around the waist, and a loop of the same breadth fastened to this waistband, well back in the lumbar region on both sides, after having been carried under the tumor close to the symphysis pubis. As the patient's appetite was good, and as there were no signs of indigestion, I allowed her freedom as to her diet, and ordered a slight use of stimulants.

On the next day (October 22d), I found her still more comfortable; had been less disturbed by micturition during the night, and was lying quite comfortably in bed, less propped up, and somewhat over on her right side. She seemed so much better that, after I had removed the dressing, I made a further examination, including deeper explorations by percussion, and a thorough series of measurements with a strong, broad, tape-measure.

On the 22d and 23d, the table, which I preserved, of her measurements, showed a most positive diminution, especially of those which related essentially to the tumor itself; thus, on the 23d

she was found to measure 3 inches less around the umbilicus, 2 inches less from symphysis to umbilicus, $3\frac{1}{2}$ inches less around the waist above the umbilicus, etc. (This table shows two omissions on the 23d; these were made by my scribe on the occasion—the mother of the patient—who was so delighted with the changes which had been produced that she omitted these while expressing her delight, and I did not know this fact until it was too late to remedy the omission.) The patient continued to improve in this way steadily, so that in two weeks all the major measurements had diminished, each about 4 inches (some of them $3\frac{1}{2}$ and others $4\frac{1}{2}$). She was then walking about her room, sleeping comfortably on both sides, but preferably on the left, and even dressing herself with a silk dress which she had not before been able to make meet on her person for more than two years. She was confident of her complete recovery. During all this time she never took any anodynes or medicinal remedies, save what was necessary to move her bowels twice in the week, pills of rhubarb, aloes, etc.

On the 16th of November she ventured out in a street car, not going very far, however, the first time; this done her no harm, but, on the contrary, she measured less on the 18th than ever before. I was now visiting her at intervals of three or four days, her mother renewing the dressing, if required, in the *interim*. Her improvement continued steadily; she got to walking on the street, and I visited her about every four days, making, as the table shows, the same form of measurement, with not so great a decrease as was noticeable at first. During the Christmas holidays she walked over nine squares on Chestnut street, and became so exhausted as to be compelled to go into a store for rest. A day or two after she noticed some oedema in her right foot, with scanty urine; the latter was tested by me, and found free from albumen. She from this time grew weaker, notwithstanding the free use of stimulants and fluid nutriment, and finally sank, from exhaustion, on Saturday, February 1st, at 12 p.m. The last measurements were taken at her own request, on January 27th, four days before her death. They showed no material increase of the growth, the little difference being readily assignable to her increased weakness. The autopsy showed fibroma of the uterus undergoing cystic degeneration. The tumor and fluid removed at the autopsy weighed $47\frac{1}{2}$ pounds.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cases Illustrating the Use of Koumiss.

Dr. Jas. Thompson briefly reports the following cases in the *British Medical Journal* :—

CASE 1.—E. G., a lady, aged 45, bedridden for the last five years with an abdominal tumor, suffered much from sickness, retaining food with

difficulty. She gradually wasted extremely. Koumiss was prescribed, a wineglassful every two hours. This was retained without discomfort, and for several days no other food was given; then small quantities of farinaceous food were added, and a marked improvement took place in her appearance, which continued to improve until she became better than she had been for years before.

CASE 2.—S. S. S., aged 28, had phthisis of several years' duration, and was much reduced by copious hæmoptysis and hemorrhoids, bleeding freely. He derived the greatest benefit from a bottle of koumiss daily, and soon improved in weight, and is now more than twenty pounds heavier than he was before.

CASE 3.—H. B., aged 22, suffers from severe dyspepsia, often dreading to eat anything. During this last term he was at Oxford college, where the food is often of an inferior description. In ten weeks he lost two stones in weight and was reduced to a skeleton. I advised the use of koumiss and a good digestible diet, and in ten days he increased seven pounds in weight; the improvement gradually increased, at the rate of four pounds a week, and at the same time great improvement in the dyspepsia. He continues to improve, and will soon be as well as before.

CASE 4.—A. F., aged 23, was confined to the sofa by a spinal disease, and could not eat anything. Koumiss was prescribed some time since with great benefit, and her improvement was most marked; she almost lives on it, and if she miss a day she falls off appreciably in appearance.

On Aconite as a Therapeutical Agent.

The following remarks are taken from an article in the *Practitioner* by Dr. J. S. Spark:—

The first disease to which I shall direct your attention, in which I have seen illustrated the abortive power of aconite, is pneumonia, and if it were the only affection which aconite could not only control, but also cut short, its gravity is such that we should be warranted in giving the drug a prominent place in our pharmacopœia. If administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but, of course, the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. The pain frequently begins to subside from the first, the skin becomes moist, the breathing more natural, and the patient appreciably better and more comfortable after each dose. I have used it frequently, both in children and adults, and have never seen it fail to produce most satisfactory results. The dose I have generally employed for an adult is five minims (Fleming's tincture) at first, and one or two minims every hour after, modifying the dose according to circumstances. If the patient be debilitated from any cause, it must be prescribed cautiously, as I have seen it cause considerable alarm by producing delirium; nor are the beneficial effects of the drug any more, if so much, seen when it acts too powerfully.

I have not had sufficient experience to speak positively of its action in bronchitis, but so far as I have seen, it does not appear to exercise the same control over it as over pneumonia. I have, however, found it useful when there is much feverishness, with fullness of the head and flushing of the face.

In cynanche tonsillaris I have found it exceedingly useful, both as an abortive and as

a controlling or modifying agent. If properly administered during the inflammatory stage it will seldom fail to cut the attack short, and if given at the very beginning, to abort it. If duly administered, it not only cuts short the present attack, but after a time it seems to reduce or remove the liability to quinsy, in persons subject to periodical attacks of it. It would take a considerable deal of evidence to establish this last fact, but I have seen it sufficiently often to warrant my referring to it.

Its use in fevers, especially in those of an inflammatory character, has been found very advantageous. It reduces the temperature, and produces a very soothing effect from its action on the skin. Whether it will act as an abortive in such cases, or not, if given sufficiently early, I have not yet ascertained, but have every reason to believe it would.

There is no doubt of its efficacy in erysipelas, especially in that form which is occasionally consequent upon vaccination, which I have seen it cut short in a few hours.

We have no better illustration of the efficacy and rapidity of the action of aconite than in common cold, "cold all through one," or "cold in the bones," as it is variously popularly described, when one feels as if he had been put through a thrashing mill." Ringer (I think) states that one or two drops taken at bedtime will enable a person in such a state to rise quite well in the morning; and certainly in the doses I have mentioned it affords very speedy relief.

It relieves that disagreeable affection, ringing in the ears, in many cases after a dose or two, and is said also to remove earache.

In the acute stage of gonorrhœa, when there is much pain and uneasiness, it affords marked relief.

The Diagnosis of Vaccino-Syphilis.

Dr. Hugh Thomson writes on this subject, in the *Medical Press and Circular*—

How is vaccino-syphilis to be recognized? What are the diagnostic marks? The description just given gives a fair idea of them. We are not to imagine every troublesome sore which follows vaccination is syphilitic. It would lead us too far away from our present subject to describe the various causes and characters of post-vaccinal affections, many of which are not due to the lymph used in vaccinating, but to the previous health of the individual vaccinated. The vaccination has only played the part of a common excitant in developing the phenomena in question.

The features presented by so-called vaccino-syphilis do not differ materially from those of syphilis inoculated in other manner, from the products of secondary symptoms. There is the same lengthened incubation ere the initial symptoms appear, the same variableness in the character of these, and followed, after a time, by the same secondary or constitutional symptoms, as they are called. Where it has been accurately observed, the period of incubation is found to be from three to four weeks, exactly the same as occurred in experiments performed with the view of testing the inoculability of the products of secondary symptoms on healthy subjects. About the

time that the crusts of vaccinia fall, that is, at the end of the third week, the cicatrix becomes irritable, slightly inflamed, and hardened. In most cases it becomes ulcerated, while in others it remains in the dry state, covered by a thin crust or scab, its size ranging from that of a pin to that of a shilling, upon a hardened base of variable extent, and of dusky hue. In some cases the vaccination sores appear to open afresh, or they have not quite healed, and remain in that condition for several weeks. They have even been known to become phagedenic—much, no doubt, depending on the previous health, as is also observed when syphilis occurs under other conditions.

The glands of the axilla usually at the same period become engorged and slightly painful, with little or no tendency to suppurate. After a few weeks more, the glands in other localities, especially about the occiput and groins, swell, and are accompanied by other indications of derangement of the general health—slight fever, syphilitic roseola, symmetrical ulcers in the throat, mucous patches and condylomata in the mouth and near the anus, syphilitic lepra, iritis, and all the various forms of secondary symptoms.

On Night Cough.

Dr. R. E. Thompson says, in the *Practitioner*—

There is a very persistent and harassing form of cough which accompanies many forms of pulmonary disease—phthisis, bronchitis, and others—which appears to be an undeveloped, modified form of asthma.

The patient complains of being much disturbed, at night especially, or early in the morning, and it is generally worse when the patient lies down and goes to bed. No narcotics in ordinary use for cough appear to have any effect, and it is only by asthmatic remedies that any relief is obtained. Many cases of this kind have now come under my notice which formerly used to trouble me not a little from the constant complaint that was made as to the distress arising from this obstinate night cough, and the ineffectual result of opiates. In all those cases of this kind which I have lately investigated, there was a decided history of inherited asthma; but it will be sufficient if I quote two cases out of the number.

A lady, who had been confined three weeks, consulted me about a very persistent and harassing cough which kept her awake through the night. For this various remedies had previously been tried, opiates chiefly, without the slightest alleviation. A year before this her younger sister had applied to me for advice for a fully developed asthma, which was treated successfully by asthmatic specifics. The remembrance of this gave a clue to the case, and investigation proved that asthma had been inherited from a grandparent, the father and mother of the patient having been perfectly free from pulmonary complaints. Relief was at once obtained by Joy's cigarettes, which are often extremely useful in like cases.

A young lad, aged nine, was brought to me for advice respecting a persistent cough with which he had been troubled since an attack of measles, eight months before. On examining him, I

found a thickened condition of the alveolar tissue and harshness of respiratory murmur, which appeared to depend upon an old condition of broncho-pneumonia. I ordered him some cod-liver oil and lactuca for his cough, but finding that the cough was still very troublesome, especially at night, I conjectured that the case was one of undeveloped asthma, and on investigation I found that the grandfather had been subject to asthma. In this case the burning of nitre-papers removed the cough at once.

Late Suggestions on Ozena.

Dr. Fränkel, in Virchow's *Archiv*, volume LXXXV, gives a number of cases which he thinks will confirm the views of those who believe that ozena always owes its origin to a dyscrasia—two of his patients were phthisical, two syphilitic—but does not believe, though admitting the frequent coincidence of ozena with pharyngitis sicca, that both the diseases are in causal connection with each other.

In an Italian contemporary, Dr. Massei, starting from the theory of a parasitic origin of ozena, recommends the following treatment: *a.* Gradual dilatation of the obliterated nasal passages by means of elastic bougies; *b.* Cleaning and disinfection of the diseased regions by a very weak solution of salicylic acid (1 part to 500 parts of water), applied by means of a syringe; *c.* Modifying local medication, by blowing calomel powder through a nasal speculum on the ulcerated surfaces. The author says that there is always an arrest in the process of healing at a certain period, but advises strongly not to give up this treatment, but to continue it patiently until total cure is obtained.

In the *Memorabilien*, Dr. Dawosky describes his successful treatment of that form of ozena called *punaisie* (in German, *stinkenase*). He carefully removes all crusts, washes the mucous membrane with a two per cent. solution of silver nitrate, and every evening tampons the nostril with a plug of charpie as thick as the finger, moistened with glycerine and that thickly dusted with powdered alum. In the morning this is removed and the nostril washed with injections of permanganate of potash or zinc, in weak solution. The odor soon disappears, and by persistence a cure is effected.

Cold Water in Typhoid Fever.

Dr. Clement, of Lyons, employs a new apparatus for the cold water treatment of typhoid. The *London Medical Record* describes and remarks upon it as follows:—

It consists of a double-walled jacket of vulcanized caoutchouc, which is sufficiently long to cover the trunk, and sufficiently broad to allow of its enveloping the thorax and abdomen. It is provided with straps, to retain it in position. To prevent the weight of the body pressing the two walls together, India-rubber balls were fixed on the interior. Water was supplied to the jacket, from a tub at the bed head, by two pipes, and was drawn off by a single pipe into a tub placed at the bedside. The pipes were

furnished with stop cocks to regulate the rapidity of water. The temperature of the water was 18° or 20° C. The interval between the times of turning on the water was three hours, and it was kept running for 1½ to 2 hours, at such a rate, say to change the water in the jacket once in twenty minutes, as brought about a reduction of 1.5 to 2 C. Its application was not free from risk of chest complication, even though the patient was not directly wetted.

The value of a given plan of treatment is generally estimated by the result produced from the employment of that treatment. Dr. Clement says that his patients were admitted on the fourth or six day of illness, but we think he might alter four and six into eight and twelve. Our experience of cold water, quinine, etc., leads us to believe that if the so-called "antipyretics" are tried in the first fortnight of illness, the fever is probably beyond control, i. e., the result obtained is not worth the trouble to the medical attendant or the suffering inflicted on the patient. In a disorder like enteric, in which the onset is generally uncertain, it is impossible to say, within a week, what is the date of the "disease," and in this way errors creep into statements made as to a particular plan of treatment. If Dr. Clement's patients were admitted on the fourth or sixth day, as he says, we should consider the epidemic severe, and the results good, even though three of the seven patients on whom this plan was tried did die. The moment the temperature shows signs of "marked remission or intermission," one can use with advantage almost any "antipyretic." Most systems for reduction of temperature are troublesome, from the amount of care called for in application, and can only be employed when assistants (e.g., nurses) are perfectly trustworthy.

Treatment of Exhaustion from Sexual Connection.

In the *Practitioner*, March, 1879, Dr. F. P. Atkinson writes—

I have lately seen two cases which I think may be by no means uncommon. One patient came to me when the habit was already confirmed, and the result was, I am sorry to say, unsatisfactory. The other, before stimulants were regularly resorted to; and inasmuch as the treatment suggested gave decided benefit, that which would soon have grown into a habit was checked in its very commencement. Both patients were married men (one of moderate, the other of immoderate sexual desires); the symptoms in both were the same; and in both they were produced by the same cause. The chief symptom complained of was a sinking or feeling of void at the pit of the stomach, which they said nothing seemed to relieve but stimulants, and these very temporarily. At first, not thoroughly understanding the nature of the case which was presented to me, and thinking the cause was due to some ferment in the stomach, or sarcina, I ordered carboic acid, hyposulphite of soda, and sulphurous acid, without the slightest relief being obtained from either. Finding, however, upon inquiry, that this feeling came on about three or four hours after connection, I judged that it might be

the result of nervous exhaustion, and acting upon this supposition, I prescribed some pancreatic emulsion, some of Kirby's compound phosphorus pills, Bravais' dialysed iron, etc., but with only partial benefit. It subsequently struck me that feebleness of the heart's action (common to both patients) might possibly have some share in producing the symptom complained of, and I ordered forty to sixty drops of sal-volatile every four hours on the days when it occurred, together with large quantities of milk. The relief experienced from this treatment was very decided in the second case, and the reason of its being so is, I think, very clear. The milk and ammonia both supply food to the brain, and the latter is a good cardiac stimulant. From experience gained in these two cases, I should say that alcohol is decidedly injurious, and likely, if indulged in, to lead to serious results.

Digital Dilatation of the Os in Labor.

A paper on this subject was read at the London Obstetrical Society, by Dr. James Braithwaite. He commenced by calling attention to the frequency with which rigidity of the os uteri gives rise to exhaustion, before the real effort is required; also the occasional necessity for rapid dilatation of the os, in cases of puerperal convulsions and other abnormal states. In the mode of using the fingers as a dilator, which it was the object of the paper to explain, the right index finger is introduced within the os uteri, with its palmar surface toward the sacrum; the left index finger is then passed, with its palmar surface toward the pubes, the left hand crossing over the right for this purpose. By gentle pressure in opposite directions the os is readily made to dilate; the fingers being hooked within the os, the pressure is also made downward, thus very closely resembling the natural process. As soon as the os is dilated to the size of a five-shilling piece, two fingers of each hand can be introduced for manipulating. The author related the histories of four cases, in which he had by this method rapidly dilated the os to a size sufficient to enable him to apply the long forceps.

Treatment of Goitre.

The following instructive case is given by Dr. A. Shannon, in the *British Medical Journal*:—

John B., aged fifteen, railway clerk, suffered for several years from enlargement of the thyroid gland; but on December 23d, 1878, the symptoms became very much aggravated. Violent dyspnoea occurred frequently, and at night, for several weeks, was so severe that the patient was unable to go to bed or even lie down. His countenance expressed the greatest anxiety, his face was blanched and his lips livid, and, on inspiration, a loud musical note was produced. Owing to the tumor extending downward against and behind the top of the sternum, tracheotomy was considered almost impracticable, and any incisions to relieve the tension were also deemed inadvisable. A mixture of iodine and iodide of potassium had been given. Leeches were applied to the tumor, and it was also blistered.

Sulphuric ether, chloroform and other antispasmodics were tried, with but very slight effect. But it is to the great value of the inhalation of stramonium in this case that I wish particularly to direct your attention. A powder of the following formula was ordered, and a teaspoonful directed to be burned in the room when required: powdered stramonium, two drachms; nitrate of potash, one drachm; opium, one scruple. The use of this powder invariably gave the greatest relief, and although used frequently, for more than a month, no diminution in the efficacy of the result was appreciable. I have often burned this powder myself, and always observed that, even before the teaspoonful was half consumed, the dyspnoea and loud musical note and lividity were greatly ameliorated. At present the tumor is diminishing in size and the patient is progressing favorably.

Retention and Incontinence of Urine in Children.

At a meeting of the Harveian Society, of London, Mr. Teevan made a communication on the above subjects. He would only look at each subject from its surgical aspects. Retention might be due (1) to congenital contraction of the meatus, which required surgical enlargement of the orifice; (2) to phimosis, where the preputial orifice might be very small; and (3) to stone in the bladder. It was more difficult to find a stone in the bladder distended with urine than when empty. Great care was requisite in sounding a child. Incontinence was due (1) to rectal complaints; (2) to a tight foreskin; (3) to a small congenital meatus; and (4) to a calculus impacted in the urethra. Causes 3 and 4 were usually not sufficiently attended to. Stone impacted in the urethra might cause retention or incontinence, according to its location. A stone so impacted did not cause so much pain and discomfort as might be imagined. He advocated a milk dietary and the use of belladonna in nocturnal, and strychnia and iron in diurnal, incontinence.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

On Diseases of the Abdomen, comprising those of the stomach, œsophagus, cæcum, intestines, and peritoneum. By S. O. Habershon, M.D., London, etc., with illustrations. Second American from the third English edition. Phila., H. C. Lea, 1879. 8vo, pp. 554.

The English edition, of which this is a reprint, has received the careful revision of the author, and several new chapters have been added. The spirit in which the author writes is an unusually broad one, and he takes pains, in all instances, to point out the general relations of the diseases he describes. He also includes several, such as typhoid fever and scrofula, whose manifestations

usually implicate the stomach or bowels, although they do not originate in that tract. Inflammation of the peritoneum, ascites, and abdominal tumors are also subjects which the reader might not expect to find, but which are included.

Besides the accurate general descriptions of disease, the author draws largely on his clinical memoranda for illustrative cases. Of these, nearly two hundred are given in detail, and the pathology of the diseases is abundantly explained from the extensive museum at Guy's hospital, and other sources.

With the thorough revision which it has received, Dr. Habershon's work will doubtless continue to be regarded as one of the best monographs on abdominal diseases in our language.

Demonstrations of Anatomy; Being a Guide to the knowledge of the human body by dissection.

By George Viner Ellis, Emeritus, Professor of Anatomy in University College, London. From the eighth English edition. Illustrated. Philadelphia, Henry C. Lea, 1879. 8vo, pp. 716.

The plan of this work is to teach anatomy by directing the attention of the student first to the superficial prominences of bone and muscle, and to the hollows that point out the situation of the subjacent vessels; next to the cutaneous structure, and to the different layers of muscles, with their appertaining vessels and nerves; and lastly, to the joints and ligaments. Thus, in the dissection of the arm the author considers in order the front of the arm, the back of the arm, the front of the forearm, the palm of the hand, the back of the forearm, and the ligaments of the shoulder, elbow, wrist and hand. Instead of beginning with "the bones," in the traditional manner, he plunges at once, in the first chapter, into a dissection of the head and neck.

The plan impresses us as one very well suited to teach the relations of anatomy to surgery, and hence well adapted to students who have already a certain acquaintance with anatomy; but to the beginner in the science, and to him who would study it for itself, the method adopted by Gray and others is preferable. The present work is rather a dissecting manual than a treatise on anatomy, though no doubt it is excellent of its kind. We cannot speak in praise of the illustrations; many of them compare unfavorably with those in most other recent anatomical treatises. They are certainly much inferior to the cuts in Gray, and other anatomical manuals which have appeared in recent years.

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Medical and Surgical Reporter,

A WEEKLY JOURNAL,
 Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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**THE NEGLECT OF SANITARY PRECAUTIONS
 IN THE SOUTHERN CITIES.**

On the threshold of a summer which promises to be more than usually filled with epidemics and rumors thereof, it is high time that the governing powers of States and cities carry out without delay those measures of sanitation which a long experience has proved to be of the greatest use in withstanding disease. It were worse than useless to spend this period in wrangling over theoretical points. Cleanliness, drainage, and disinfection, pure air and clean water, the destruction of adulterated foods, and the prevention of overcrowding, these are measures which Boards of Health should take in hand and carry through, regardless of the windy talk of theorists, and the obstructions thrown in their way by ignorance, false economy or obtuse conversatism.

So far as we have been able to learn, nothing of the kind has been done in the cities most afflicted last summer. Private letters and public statements concur in reporting New Orleans, Vicksburg, and Memphis in quite as deplorable

sanitary condition as they were a year ago. The condition of the common cemetery in the first named city has recently been described as revolting beyond belief; the streets are dirty; and general negligence is obvious on all hands. The excuse there and elsewhere is "no funds." Having been prevented, by a decision of the Supreme Court, from cheating its creditors, the city finds itself compelled to meet the interest on its bonds. Hence, there is nothing left to protect the lives and business interests of the inhabitants! Change the name, and the story is the same of the other cities. Thus it is that fraud leads to destruction.

Can the medical profession of these cities and others similarly situated do nothing in this matter? Can they not unite in an appeal directly to the citizens, and by combining in a citizens' association, carry out sanitary regulations, in spite of the political complications? We see no other prospect of any successful effort being made.

Nor will any spasmodic attempt be sufficient. Sanitation does not mean a general sweeping up and clearing out once a year or once a month; but a steady, constant, unremitting application of the well known rules of cleanliness, temperance, purity in water, air, and food. A little is indeed better than none; but no efficient protection has ever been secured by desultory and irregular measures.

It is unfortunate that the innocent must suffer for the guilty; but such is the law of nature; and even the results of vice and neglect of duty have claims upon our sympathy; but certainly these cities have no right to expect any but a lukewarm response to their appeals, if they are again visited by the fever, unless now and henceforth they sedulously strive to protect themselves against it by observing the elementary teachings of sanitary doctrine.

MEDICINE AND MEDICAL MEN IN RUSSIA.

The condition of Russia, in a medical point of view, has been attracting the earnest attention of the rest of Europe since the close of the late war, and the outbreak of the plague and of malignant forms of typhus, and cholera, and

other epidemics in various districts. Thus, the *Paris Gazette Hebdomadaire*, of March 14th, observes that while the plague at Astrachan is exciting such widespread terror, diphtheria at the present time is causing still more terrible ravages, sweeping off nearly all the children of some of the villages of the rural districts; and the epidemic has prevailed in some of the districts in this manner since 1875, passing from village to village. In the district of Mirgorod, up to December, 1878, there had been 11,598 persons attacked, with 6224 deaths; or 12 per cent. of the population of the district, with 5½ per cent. deaths.

Apart from any authoritative announcement on the subject, it may be fairly assumed that the much-dreaded outbreak of the plague in Russian territory has come to an end. Recent intelligence confirms the assertion that the quarantine which had been strictly maintained around the suspected villages has been entirely removed, and that all excitement at St. Petersburg on the subject has come to an end.

In this connection, foreign journals inform us that the number of medical practitioners in the Russian empire in 1877 is stated to have been 13,098, of whom 2027 were doctors in medicine. In the course of the same year 500 students completed their studies.

The number of pharmacies existing in 1877 was 1621, or one pharmacy for every 49,350 inhabitants. In these pharmacies were dispensed during the year 9,819,655 prescriptions, the gross cost amounting to 7,033,361 roubles, or at the rate of 84 copecks per prescription. (A copeck is equivalent to about three-fourths of our cent.)

In Russia the ranks of the medical men are, to a great extent, filled by men of a low social standing, who, moreover, are usually servants of a despotic military power, and are by no means well educated. It is a peculiarity of that country that everything seems to be given a political bearing. When Prof. Botkin thought he had discovered a mild case of true plague in St. Petersburg, in February last, he was assailed in the bitterest terms, and almost accused of trea-

son and nihilism. It seems that the nihilists would be delighted to have everything and everybody wiped out, and the Professor was supposed, in some mysterious way, to be furthering their designs by his diagnosis.

NOTES AND COMMENTS.

Pathology of Tetanus.

In an essay on this subject in the *Transactions* of the Bristol Medico-Chirurgical Society, Dr. L. Fox states that he has found in autopsies of patients dying of tetanus (1) areas of cord softened, so as to be almost diffuent; (2) hemorrhage outside the spinal dura mater, and gummy-looking fluid beneath the arachnoid; (3) distention of the vessels and thickening of the membranes; (4) fissures in the posterior white columns; (5) softening of cord and many amyloid bodies in the gray matter; (6) creamy posterior columns, the softening seeming to be composed of colloid bodies. The colloid masses of which he speaks, and which do not take the carmine dye, are probably degenerated nuclei of the neuroglia. Dr. Fox believes that none of the lesions yet found can be considered as in any way causes of tetanus. It is more likely, he thinks, that the blood itself is in fault. In strychnine poisoning—a condition so analogous to tetanus—Dr. Harley has shown that the blood is incapable of absorbing oxygen in the usual proportion. The immediately fatal phenomena of many cases of tetanus seem to point to some such explanation. This abnormal blood imperfectly nourishes the cord, and either thus, or by its distinctly toxic effects, diminishes the resistive power of that organ—in other words, a cord so conditioned is abnormally impressible.

The Value of Nutritive Enemata.

A Parisian correspondent reports that a discussion took place at the Société de Thérapeutique, on the value of Nutrient Enemata. Basing his opinion on MM. Carville and Bochefontaine's experiments on dogs, which show that when food is introduced by the rectum only, in the form of bouillon, the animals survive no longer than when water alone is injected, M. Dujardin-Beaumetz maintains that feeding by the bowel is a delusion. If, as is no doubt the case, patients who receive nourishment by no other portal do live for a considerable time, this is no proof that the intestine absorbs what is intro-

duced. Hysterical subjects, and those suffering from cancer of the cardia, vomit all they swallow, and yet continue to exist notwithstanding. These views have met with much opposition; it was objected that what might be true of the dog did not necessarily follow in man; and most of the speakers who took part in the debate quoted cases tending to prove the efficiency of this way of feeding.

A Sign of Approaching Death.

An Italian physician, Dr. Chiappelli, states that he has frequently noticed in patients who were apparently very far from death an extraordinary opening of the eyelids, so as to give the eyes the appearance of protruding from the orbits, which was invariably a sign that death would occur within twenty-four hours. In some cases only one eye is wide open, while the other remains normal; here death will not follow quite so rapidly, but in about a week or so. It is easy to observe this phenomenon when the eyes are wide open; but when, as is generally the case, the eyes are half shut, and only opened from time to time, it will be found advisable to fix the patient's attention on some point or light, so as to make him open his eyes, when the phenomenon will be seen. The author is utterly at a loss to explain this symptom, and ascribes it to some diseased state of the sympathetic nerve.

Sunstroke Weather.

Dr. Fyfe, in the *Transactions* of the Bristol Medico-Chirurgical Society (vol. 1) has some observations on Sunstroke, which are valuable and practical. In his experience he has found that it was not upon bright days that cases of sunstroke generally occurred, but rather during cloudy, moist weather, with little movement of the air, even though the temperature was not so high—a circumstance which he believes explains the greater frequency of insolation on the continent of America than in the West Indian Islands.

Equine Virus for Vaccination.

Professor Chauveau, a distinguished European veterinarian, states, in the *Revue für Thierheilkunde*, No. 11, 1878, that he has obtained a pure and excellent lymph for inoculation by cultivating the virus on horses. He employs either sex and at any age, planting the virus on the nose, lips, belly or feet. He believes that the horse is better adapted for the propagation of the lymph than the heifer.

Vegetable Pepsin.

We have, on a previous occasion, called attention to the remarkable power of the juice of the *Carica papaya* as a digestive of animal tissue. In a recent number of the *British Medical Journal* we note a letter on the subject, from Dr. R. Neale. He says:—

"When in Batavia, I had constant opportunities of testing the value of the leaves, wrapped round chops and steaks during the cooking process, and can add my testimony to the exquisite tenderness thus imparted to the meat. For several years I have endeavored to induce my friends abroad to obtain me some of the dried juice, but the Batavian climate does not conduce to scientific research, and as the preparation of the dried juice is attended with some amount of trouble, I find it impossible to obtain a supply. The fruit itself is very wholesome, and is freely eaten as a dessert fruit; the Malays themselves swallowing the seeds also, when they wish to produce a purgative action.

Cutaneous Eruptions caused by Chloral.

In *La France Médical*, Dr. Mayer records five cases in which the administration of chloral in affections of various nature was followed by definite symptoms in uniform order. These came on after eating, beginning with redness of the face, excited action of the heart, and dyspnoea. The redness spreads to the neck; the palms, and sometimes the soles, being also affected. The eruption then appears on other parts of the body, and especially on the dorsal surface of the hands and wrists, the superior and anterior part of the thorax, the extensor surfaces of the knees and elbows, and the dorsum of the foot. It lasts from half an hour to a few hours, with itching of the part affected, and is followed the next day by slight desquamation. The spots are of a deep rose color, are sometimes slightly elevated, and have sometimes a sinuous border.

Is Intermittent Fever Hereditary?

This query is answered in the affirmative by Dr. Archambault, in the *Journal de Médecine*. He quotes a case where an infant of three months had enlarged spleen and other symptoms of the malarial cachexia. Its mother was healthy, but the father's constitution was saturated with malarial 'poison. This interesting question ought to be satisfactorily settled by physicians in this country, many of whom have extensive opportunities of studying miasmatic disease.

A Theory and Therapeutics for Chorea.

Dr. Hayden, in the *Dublin Journal of Medical Science*, suggests the theory that the choreic attack commences with vasomotor paresis, resulting from a profound emotional impression, and that the essential symptoms are due to defective polarity, or dynamic instability of the motor nerve tracts, both intracranial and spinal. On this hypothesis, the vascular congestion, central and peripheral, of the brain and cord, with occasional extravasation, and, in inveterate cases, cerebral sclerosis, noted by Dickinson, might be explained. The treatment of this disease with phosphorus and strychnia is strongly recommended, and a case quoted which, after resisting all treatment, and presenting the gravest symptoms, got well in fourteen days, under the use of five minims of "ethereal tincture of phosphorus," and three minims of liq. strych. every three hours.

The Cool Air and Water Treatment of Measles.

The *Allgemeine Med. Central Zeitung*, No. 29, 1879, contains an abstract of a long article by Dr. Kaczorowski, of Posen, on the discovery (1) made by him that cool air and sponging with cool water have no such disastrous effect in measles as old writers taught, but, on the contrary, relieve the distress of the disease and hasten recovery. This may be news in Poland, but we hope it is not in this country. Various able writers, among whom we signalize, for his earnest statements, Dr. Hiram Corson, have for years advocated it in this journal and in the *Transactions* of the Medical Society of this State. The old treatment of close rooms and warm drinks ought forever to be banished. They cause a more intractable form of disease, retard convalescence, and render the sequelæ more serious.

A New Method of Reducing a Retroflexed Uterus.

Professor Schultze employs the following manipulation in the reduction of obstinate cases of retroflexion. The index and middle fingers of one hand are passed into the vagina; the middle finger is then passed into the retroflexed uterus as far as the fundus; it is then bent back so as to reduce the flexion. The other hand, placed over the abdomen, takes note of any unevenness or adhesions on the peritoneal surface of the uterus. The uterine orifice is dilated with laminaria tents before the above manipulation is practiced.

CORRESPONDENCE.

FOREIGN.

Sea Sickness.

ED. MED. AND SURG. REPORTER:—

Our first day out, on April 1st, was a bright one, and the ocean waves were diminutive, even unto ripples, but in the night a heavy swell set in, with the effect of making almost all the passengers sick, but two appearing at breakfast.

After an experience of ten days, during which time only here and there I enjoyed a "lucid interval" from the woes of *mal de mer*, I can truly say no wretchedness is equal to that of sea sickness. There are many theories as to the cause of sea sickness. Wollaston suggested, sixty years ago, that the malady is due to the pressure of blood upon the brain. And it is well known that injury on pressure of the brain is almost invariably attended by vomiting, which is its earliest symptom. The sufferer from sea-sickness feels worst when the ship is descending. This is because the blood tends, by its inertia, to stay up when the brain is carried down, and the consequence is, crowding of blood into the vessels of the brain, and so pressing with increased force, producing a certain shock; this shock and the attendant pressure produce sickness and vomiting. In the case of sickness brought on by swinging, the nausea is most marked when descending forward, since the blood has then the greatest tendency to move from the feet toward the head. Upon this theory Sir James Alderson suggested the following treatment: "The first point is wholly to avoid the upright posture. Every one knows that it is a common practice to lie down, and this is done almost instinctively, but it is also known that to do so, though frequently successful, is not invariably so. The way in which the motion in a swing affects the brain affords the proper explanation why lying down is not invariably successful; and shows that it is necessary not only to take a recumbent position, but to lie in the right direction. A person lying down with the feet toward the bow of a ship is, while it descends in pitching, in the same position as a person in a swing descending forward, in which case we have seen that sickness is produced by blood being forced upon the brain. On the contrary, a person lying down with his head toward the bow is, during the descent of a ship, in the position of one descending backward in a swing, in which case the pressure by the blood will be toward the feet, and, therefore, relief rather than inconvenience will be experienced. It is highly desirable that this position should be assumed before the ship begins to move. There is a secondary advantage to be gained by closing the eyes, and so shutting out the confusion arising from the movement of surrounding objects."

My personal experience favors this plan. I would recommend its trial, provided that one does not sink into a chair at the very start with the full expectation—almost a determination—to be sick.

Treatment.—Dr. Rogers, our ship surgeon, says: "Sea sickness don't count," meaning by this that no drug treatment is used by him. He thinks the advice given by Prof. Parker, of New York, and Sir James Alderson, of England, good enough in certain stages and under certain restrictions; but he knows these plans are so easily overdone. He and the captain have actually carried patients from their rooms to the deck, to get fresh air and exercise. "Why," says he, "they would lie in their berths and rot." No air, no sunshine, no exercise, the blood leaves the surface, seeking the internal organs, the skin becoming cold, waxy, clammy, the muscles like wet rags. One must, as far as possible, resist, and try, by all means, to get on deck—crawl there, if necessary, but get where the air will refresh and alleviate the suffering. If feeling very badly, the reclining position may be sought after getting on deck. This is just where he thinks Prof. Parker's advice does harm—his followers go to bed, or recline in the state room. Whenever it is at all possible, Dr. Rogers advises the sick person to walk the deck, even if support is required to accomplish it. Thus, the blood is equably circulated, and the bad feelings are often driven off. I followed his advice myself, and feel certain that I should have been much worse if I had not kept on deck, and if I had not walked about, fighting my very best against the wretchedness. One of my worst days—a "black Friday," long to be remembered, it took me one and a half hours to dress myself, being compelled to lie down every few moments, while attempting to arrange my toilet. Finally, leaving undone about one half, leaving my gaiters unbuttoned, and hair uncombed, etc., I crawled on deck, then getting down in an easy quarter deck chair, head bow forward, letting the cool, moist wind fan my cheeks, and feverish head, I felt much better, and by evening could again walk the quarter deck.

It is my firm conviction that one can be preached into sea sickness; there is undoubtedly a nervous element in these cases. A child or a baby may sicken, it is true, but it occurs less frequently, and is sooner over. This is the common experience of the ship surgeons. Dr. Rogers says they are not "preached up," to the idea of being sick. Two children seated opposite to me at table were a continual mystery to us all. The richest foods, mixed with pies, cakes and nuts, eating between meals as well, were continually indulged in by them, and the boy complained only for a few hours of a little frontal headache.

Just a word in regard to eating on shipboard. The bill of fare on our first-class steamers compares favorably with that of first-class hotels, the food and cooking for the most part, being excellent. The sea air gives keenness to the appetite, and the danger is that one may be tempted to eat a little (or much) of everything on the list, making a good mixing up. The true way to do is, eat as much as you do at home. Don't let the "table d'hôte" lead you to indulgence. Eat faithfully, but do not mix too much.

C. C. V.

Dublin, Ireland, April 15th, 1879.

DOMESTIC.

The Pleuro-Pneumonia of Cattle.

ED. MED. AND SURG. REPORTER:—

The disease called by veterinary surgeons "pleuro-pneumonia" has recently given rise to so much discussion, that a description of its true character will be opportune.

Bovine pleuro-pneumonia is *not* ordinary inflammation of the lungs; it is a *malignant fever*, introduced by contagion into the system of a healthy animal. This disease is different from all other known diseases of man or beast. It is of a subacute or chronic character. It consists essentially in a pulmonary interstitial exudation of lymph, one or both lungs being involved. This disease does not extend to other species; it *spreads only through contagion*. It is a *specific disease, peculiar to cattle*, slow and insidious.

The first, or incubative stage, lasts several weeks. In every country in which it has appeared it has caused great destruction, perhaps, greater, on the whole, than "rinderpest." As a rule, the disease is more rapid in its course as the animals are young, vigorous and in good condition. Those which are old, weak or sickly linger longer.

The duration of the malady varies according to the promptness with which the febrile symptoms supervene. Should these be late in appearing it may continue for several months.

This disease is distinguished from ordinary pneumonia by the insidiousness of its course; its incubative stage; its being uninfluenced to any notable extent by food, climate, exposure, bad hygiene, or modification of these; its not being affected by medical treatment; its great fatality; its *obvious contagiousness* and dissemination by movement of cattle, and its slow progress toward a fatal termination or imperfect recovery. The infecting principle of this disease is fixed and volatile, and exists in its greatest intensity in the air expired by a sick animal, and also in the lymph exudat. It is likewise present in the cutaneous emanations, and probably in the secretions and excretions, as well as in the blood. It is produced during the whole course of the malady, but is most abundant and virulent during the febrile stage. For a certain period after convalescence animals may transmit the affection. The contagium is also present for some time after death. The tenacity of the contagium does not appear to be well ascertained, but from the evidence at hand, it is very probable that it may retain its activity for several months—three to six months, if we are to credit good observers. Healthy cattle have been contaminated after being lodged in stables which were occupied by diseased ones three or four months previously. Hay soiled by sick animals has induced this disease after a longer period, and pasture grazed upon three months before has infected healthy stock. The flesh of diseased animals has also conveyed the malady.

We have no proof that any *other than bovine* animals will receive the infection of pleuro-pneumonia; breed does not afford any immunity,

neither does age nor sex, though, as in other contagious diseases all are not susceptible at a given time; often 20 per cent. escape. The incubatory period of this disease is variable; in the larger number of instances there is an interval of from three to six weeks, or two months, from the reception of the contagium to the primary manifestations of the affection. The *extension* of this lung plague is due to its *contagious properties*. Whenever it appears, it spreads in proportion to the opportunities for transmission, and its comparatively long period of incubation and duration renders its conveyance to immense distances perfectly possible. In *winter*, when the cattle are confined to the stables, and but little communication with other herds takes place, this malady diminishes in severity, but in fine weather, when grazing commences, and different herds meet, if there is a diseased animal among them, it soon spreads; this *fact* is noticed every summer in Alexandria, Virginia, where the cattle are turned out on the commons together. A suspension of cattle traffic and movement in an infected country quickly reduces the number of attacks. *Calves* are often affected, and become carriers of the contagion. *I have seen* this fact several times proved in my practice, in England: about eighteen years ago, in Berkshire, I remember a large dairy of fine cows swept away by this disease, through buying one sick calf, and employing an ignorant "cow doctor," who did not believe in contagion or infection. *If this is true*, contagious pleuro-pneumonia is one of the most disastrous plagues that can afflict a cattle producing country.

The truth of this may be easily verified in the history and literature of the malady, particularly in England and Holland. When this disease appears in a herd, the most active measures should be adopted for its prompt extinction. Any person concealing the existence of the malady, and disposing of the infected animals, should be severely punished, and even compelled to make good the damage his dishonesty may cause; the diseased should be removed from the healthy, and the suspected also from the latter, the three classes being kept separate, and placed in quarantine. Scarcely any pains are too great to suppress such a plague, and when it appears on a farm, or in a locality, great sacrifices must be made to extinguish it on the spot, and prevent its spread; of course, the owners of the stock must be compensated for this great loss, for the public good.

Inoculation should only be practiced where there is the most *urgent necessity* for it; then it must be properly performed. The number of unsuccessful inoculations is about ten per cent. The *medical treatment* of this contagious disease is, in the majority of cases, unsatisfactory and unprofitable. When only one lung is involved (left to nature even) many of these will recover, but they will infect other cattle for a long time afterward. They ought to be fattened and killed as soon as possible.

Now, as to this disease existing in the State of Pennsylvania at the present time, I have made examinations of affected animals, both before and after death, in the counties of Philadelphia and Dauphin, and I declare the disease there

prevailing to be the same which occasioned such great losses in England; and also the same which prevailed to a considerable extent in the vicinity of Brooklyn, N. Y., and Alexandria, Va., in all of which localities I have personally examined it, and made post-mortems.

Prof. Gamgee, in his excellent report, made nearly ten years ago, to the Department of Agriculture, at Washington, says that the first notice of the lung plague in the United States dates back to 1843, and is traced to a cow imported from Germany, and taken from shipboard into a Brooklyn cattle shed; from it the disease was communicated, and it is said and believed to have prevailed more or less in Kings Co., L. I., ever since.

In 1847, Mr. Thos. Richardson, N. J., imported some English stock; the disease was soon discovered among them, and he had slaughtered his whole stock, valued at \$10,000, to prevent an extension of the plague. In 1850 a fresh supply of the lung plague poison reached Brooklyn, from England, in the system of an imported cow. In 1859 this disease was introduced into Massachusetts from Holland, by four cows, shipped at Rotterdam; one was killed, two died, and the fourth continued in a thriving condition. Several other animals were taken sick in rapid succession, and then it was that the idea was first advanced that the disease was identical with that known in Europe as *epizootic pleuro-pneumonia*. The disease was gaining ground rapidly, and the people of Massachusetts established a commission, for the purpose of exterminating it, as their report will show they succeeded. Prof. Gamgee also says this disease travels wherever sick animals are introduced, and that the great cattle rearing States of the West have been protected by the fact that they sell rather than buy or import "horned stock."

Prof. Law, of Cornell University, describes this disease as a specific contagious fever of cattle, with extensive exudations into the chest or lungs.

Mr. George Fleming, F.R.C.S., describes this pleuro-pneumonia of cattle as a specific and contagious disease peculiar to bovine animals.

Prof. Williams' definition does not vary; he says it is a contagious febrile disease peculiar to horned cattle, having an incubative period of from two to three weeks to as many months.

Prof. Lioutard, of New York, says contagious pleuro-pneumonia has at last forced itself upon the attention of the American public. This dread danger has for years been lurking in our midst, gaining strength day by day, as it quickly spread from numerous foci of propagation, waiting only for the opportunity, which would some time come, to spread like wildfire throughout our land.

Dr. Teller, of Philadelphia, says "pleuro-pneumonia in cattle is a contagious fever of cattle, accompanied by great prostration, together with local inflammation, and other diseased changes in the lungs and their envelopes. Cause—this, no doubt, is a specific blood poison."

I could go on, Mr. Editor, for a long time, giving you the views of many more men equally as learned, that this disease is *contagious* and *infectious*, and has no characteristics similar to

those that mark the disease known as pleuro-pneumonia in man.

JOHN W. GADSDEN, M.R.C.V.S.
Philadelphia. Veterinary Surgeon.

On Veratrum Viride.

ED. MED. AND SURG. REPORTER:—

It has been remarked that probably veratrum viride had never been given to a patient who would not have been as well off without it. I think that is correct. But whether correct or not, it is certainly very injudiciously used sometimes.

A few years since, in a case of great prostration and exhaustion from pneumonia, a counseling physician prescribed and administered a mixture of veratrum viride, gelsemium and aconite. He seemed to think it a very wise prescription, and to expect some miraculous effects from it, and was very much disappointed when, as a natural consequence, the patient sank with increased rapidity and soon all was over. I might cite other instances of the same character, but hoping that others will agitate this subject more, I will not do so now.

Mendon, Ill.

W. SIGSBEE, M.D.

Tapeworm.

ED. MED. AND SURG. REPORTER:—

In your issue of March 22d, 1879, I notice a request for a "recipe for tapeworm," and as the following prescription proved most efficacious in the treatment of a patient who suffered for more than three years with tapeworm, I enclose it for the benefit of "D., of Pa."—

R. Bark of pomegranate root,	3 ss
Pumpkin seed,	3 ss
Ethereal extract male fern,	3 j
Powdered ergot,	3 ss
" gum arabic,	3 ij
Croton oil,	gtt. ij.

The pomegranate root and pumpkin seed must be thoroughly bruised, and with the ergot boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil must be rubbed up with the gum arabic and ext. male fern, and then formed into an emulsion with the decoction. This is a prescription of A. J. Schafish, of Washington; he employs no preliminary provisions beyond forbidding the patient to take any breakfast the day on which it is intended to remove the worm, and giving a large dose of Rochelle salts the preceding night. No unpleasant effects follow this remedy.

Duncansley, Miss. R. J. TURNBULL, M.D.

Remedies for Hiccup.

ED. MED. AND SURG. REPORTER:—

In the REPORTER of March 15th, page 238, I notice the long-known simple remedies for hiccup, such as sugar saturated with vinegar, and looking fixedly on the blade of an open penknife.

There is also an old remedy, known for years in this part of the country, viz.: Swallow nine mouthfuls of cold water without taking breath.

These remedies prove effectual in the ordinary hiccup; but there are cases requiring severer treatment. Permit me to mention one that resisted these mild methods.

H. B., after a debauch, took catarrhal fever, and on the approach of the second cold stage had hiccup, which resisted all the ordinary means, the paroxysm lasting twenty hours before I was called to see him. Being close by, I took no medicine with me, save a vial of chloroform. Finding him in so low a condition, I saw that without relief he could live only a short time. I gave him 30 drops of chloroform in a little water, which acted like a charm; after a few minutes' respite the hiccup returned, and I repeated the dose, with a little increase, say 40 drops, which effectually relieved all symptoms. An active cathartic next day set him all right.

R. C. GIM, M.D.

Near Pt. Harrelson, S. C.

NEWS AND MISCELLANY.

The Meetings at Atlanta.

We have received partial reports of the meetings, at Atlanta, of the American Medical Association, the Association of American Medical Colleges, etc., and in our next number will give full details.

The decision has been reached that a three years' course should be agreed upon by all colleges of the first class.

Medical Society of New Jersey.

The One Hundred and Thirteenth Annual Meeting of the Medical Society of New Jersey will be held in the Palisade House, Englewood Cliff, on Tuesday, the 27th inst., at 7.30 o'clock, and will continue in session the following day.

Steamers will be in readiness at Pier 34, on 24th Street, North River, New York, on Tuesday afternoon, to convey all physicians and their families who may wish to attend the meeting, free of charge.

Steamer "Idlewild" will leave at 3.30 o'clock, and "Chrystenah" at 4 o'clock, P.M.

WM. PIERSON, JR.,

Orange, May 1, 1879. Secretary.

Bulletin of Public Health.

The Bulletins for weeks ending April 19th and 26th report that in New York there was one death from smallpox, being the second from that cause during the present year.

The mortality at Philadelphia and Providence was materially increased, probably on account of the inclement weather prevailing.

Numerous cases of measles were reported at Pittsburgh.

In Baltimore there were 16 decedents of the average age of 79½ years; 38 per cent. of the deaths in that city were of children under 5 years of age.

The Savannah Board of Health report that "the city continues very healthy."

The Board of Health of Memphis report "pneumonia and malarial fevers prevalent."

The city physician of Vicksburg reports "health of city remarkably good"—11 deaths during past two weeks.

The bark Midas, from Rio de Janeiro, arrived at Boston April 18, and was placed under observation, and subjected to the usual sanitary measures at quarantine for a few days, most of the crew having been sick, and three having died at Rio de Janeiro and on the passage, from a disease reported by the captain to be yellow fever.

The commissioners appointed by the Governor of New York for securing the extermination of contagious pleuro-pneumonia, have prohibited the transportation of live cattle within the State, except by permission of the proper authorities; and the authorities of New Jersey having declared the eastern counties of that State to be infected with the disease, importations of cattle from thence into the State of New York have been prohibited, except for purposes of slaughter.

The Department of State has received information that the plague appears to have been extirpated within the district where it lately prevailed, and that the German Government have modified the quarantine regulations for Russian ships so far as to apply only to vessels coming from the Black Sea and the Sea of Azof.

The burning of sixty-seven of the infected houses condemned at Wetyanka was completed during the past month.

The people of the district are resuming their usual pursuits of agriculture and fishing.

The U. S. Consul General at Constantinople reports, under date of April 4th, that the International Sanitary Council at Pera have decided to continue quarantine measures for the present. Sporadic cases of plague were reported at Kirzlan, a port on the Caspian Sea. The condition of Koumelli is reported as "very much improved." He invites attention to the danger from importation into the United States of carpets, rugs, and other woolen fabrics from Turkey. Many of them are old, and come from remote parts of Asia, Bokhara, Khoordistan, Afghanistan, and most frequently from Persia. "They are bought up by itinerant merchants, from individuals who have had them in use probably for years; * * * such an occasion as the death of one or all the members of the family causes the dispersion of their property, and among the rest their rugs and carpets. These articles are exported, not only by merchants, but also by travelers, who take them to the United States as luggage, and thus escape the sanitary examination to which they would be subjected as merchandise. * * * I have forbidden traders in carpets to bring their wares to my house, for I suspect that some of the mysterious cases of plague at points quite remote from the original places of infection may have been transmitted by some such agent."

Fluid Extracts of Wahoo Bark.

In reference to the statement made by Dr. J. R. Black in the REPORTER, page 335, col. 1, Messrs. Parke, Davis & Co. write us as follows:

"We would state that never since we have been in the business have we used one pound of the bark of the wahoo tree, for the preparation of the fluid extract or any other medicinal article. On the contrary, we use for this purpose a superior and selected article of the bark of the root.

"Furthermore, we use the full amount prescribed, of the root, and we thoroughly exhaust the drug of what the best authorities deem to be the medicinal principles thereof."

QUERIES AND REPLIES.

Dr. J. N. D., of Ill.—Dr. Binkerd's formula for burns is—

R. Yellow wax,	3j
Linseed oil,	f.3ij
Tannic acid,	5j
Sublimate of bismuth,	5j

Heat the wax, add the oil and stir; when cold, add the tannin, and lastly the bismuth.

Dr. L. D. B., of N. J.—A variety of mechanical means for the support of prolapsus recti have been suggested. The pad and T bandage is sufficient in most cases. A well-fitting rectal supporter or truss can be obtained without difficulty.

Dr. L. M. T., of Ill.—Wright on Headaches, \$1.25; Dayon Headaches, \$2.00.

Dr. W. V. M. T., of Pa.—Meigs & Pepper, "Diseases of Children," \$6.00.

Dr. M. A. W., of Pa.—We have read your comment, and we still maintain that scarlet rash, scarlet fever and scarlatina are all synonyms of one disease. Scarlet rash is *scarlatina benigna*, or *sine angina*. Wood's Practice is too antiquated an authority.

MARRIAGES.

CHEESMAN—HANNOLD.—In Swedesboro, N. J., April 16th 1879, by Rev. A. M. Lake, John F. Cheesman, M.D., of Camden, N. J., and Miss Sue B. Hannold, of Swedesboro, N. J.

PRICE—BLUNT.—In Hinds county, Miss., April 9th, by Rev. Robert Price, D.D., Dr. Thomas M. Price, son of the officiating minister, and Fannie E., daughter of the late Beverly Blunt, Esq.

RUDGERS—PHELPS.—On April 9th, at Pavilion, N. Y., by Rev. A. Plumey, Mr. Denton W. Rudgers, M.D., and Miss Ella M. Phelps, both of Pavilion.

YOUNG—DOW.—In Wilkesbarre, Pa., April 16th, by Rev. F. B. Hodge, Dr. H. Newton Young, of Milford, N. J., and E. Ella Dow, of Wilkesbarre.

DEATHS.

ARMOR.—In Brooklyn, N. Y., on Friday, April 26th, Mary M., wife of S. G. Armor, M.D.

BAKER.—In Youngstown, N. Y., on April 23d, Hattie A., wife of Dr. F. J. Baker, aged 35 years.

EVANS.—On the morning of Second-day, the 21st ult., at his late residence, No. 702 Race street, Philadelphia, Charles Evans, M.D., in the 77th year of his age.

HOOPES.—In this city, on the 26th ult., Pascal J. Hoopes, M.D., in the 52d year of his age.

JEWETT.—In Norwich Town, Conn., April 3d, of heart disease, Dr. Charles Jewett, aged 72 years.

KNOWER.—In New York, on April 13th, Mary Ludlow Gray, wife of Benj. Knower, and daughter of Dr. John F. Gray.

TAYLOR.—In Cincinnati, Ohio, on April 7th, 1879, Dr. D. E. Taylor, aged 44 years and 9 months.

QUINN.—In Cincinnati, Ohio, April 15th, Maria Louisa Stevin, wife of Dr. J. J. Quinn.